



# Navy and Marine Corps Medical News



*A Public Affairs Publication of the U.S. Navy Bureau of Medicine and Surgery*

## February 2011

### MEDNEWS Items of Interest:

#### February marks "Navy Medicine: Building the Future Force"

This month highlights programs and recent accomplishments designed specifically to build and sustain the future force of Navy Medicine.

**2011 Armed Forces Public Health Conference** - Mar. 18-25, 2011, at the Hampton Roads Convention Center, Hampton, Va. For more information and to register, visit the Armed Forces Public Health Conference website at <https://usaphcapps.amedd.army.mil/AFPHC/Default.aspx>

#### You could save 30,000 lives

Every year influenza kills an estimated 30,000 people within the United States. The updated influenza vaccine guidelines now recommend the vaccine for everyone older than six months of age. It has been proven safe and effective. For more influenza information visit the TRICARE web site at [www.tricare.mil](http://www.tricare.mil).

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#### Did You Know...

Naval Expeditionary Medical Training Institute (NEMTI) aboard Camp Pendleton, Calif., provides expeditionary medical training for Navy forces in the operational environment. For more information and course details: <http://www.med.navy.mil/sites/navmedmpte/nomi/nemti/Pages/default.aspx>.

## Navy Medicine Drops Anchor During Tampa Bay Navy Week

*By Mass Communication Specialist 1st Class Farrukh Daniel, Navy Office of Community Outreach Public Affairs*

TAMPA, Fla. - Medical professionals from around the Navy met with local healthcare providers, civic groups and community leaders to discuss the current state of Navy Medicine as part of Tampa Bay Navy Week 2011, Jan. 22-29.

Rear Adm. Richard Vinci, deputy chief, Logistics and Installations, Navy Bureau of Medicine and Surgery, was the senior officer representing the Navy during Tampa Bay Navy Week 2011.

"We are here to thank the citizens of Tampa for everything they do for our armed forces, especially the Navy and all of our native Floridian Sailors," said Vinci. "We also want everyone to know that we are good stewards of American tax dollars, by showing them some of the things that Sailors are doing around the fleet. As a key component of good

stewardship, the Navy is focused on energy efficiency."

"The Navy is leading the way in developing Biofuels and LEED (Leadership in Energy and Environmental Design)," Vinci said. "Each of the new facilities that the Bureau of Naval Medicine is building is certified LEED Silver or better. We are committed to the environment."

In a meeting with Dianne Morrison-Beedy, Dean of the College of Nursing at the University of South Florida, Vinci shared how Navy Medicine is critical to the chief of naval operation's maritime strategy. Along with traditional roles like deployments and projecting power abroad, Vinci discussed how international partnerships and teaming with non-government organizations supports the Navy's mission.

"The Navy truly is the healthcare tip

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TAMPA, Fla. - Rear Adm. Richard C. Vinci, Deputy Chief, Logistics and Installations, Bureau of Medicine and Surgery, thanks all the sailors from the local Tampa area who volunteered for Habitat for Humanity. Navy Weeks are designed to show Americans the investment they make in their Navy and increase awareness in cities that do not have a significant Navy presence (U.S. Navy photo by Mass Communication Specialist 1st Class Ruben Perez/Released).

## Navy Medicine: “Building the Future Force”

Our mission spans the globe, from U.S. hospitals within the TRICARE network, to our operational fleet and fleet Marine forces, overseas hospitals, medical battalions, research units, and hospital ships. None of this would be possible without a razor sharp focus on taking care of our people. Integral to that is having a highly skilled and diverse people with the right education and training in order to deliver cutting-edge health care, anytime, anywhere, in support of the full range of military operations, from the benefit mission at home, to the research and development advancements that save lives, to the combat casualty care we provide, from the battlefield to the bedside.

This month I'd like to highlight some of our programs and recent accomplishments designed specifically to build and sustain the future force of Navy Medicine. Our personnel are the single most important asset in our organization, constituting about 70 percent of our operations and maintenance (O&M) budget. How we educate, train, organize, and lead our people is critical to mission accomplishment. This includes Active Duty and Reserve personnel, officers and enlisted, civilians, and contractors. Our Total Force

Concept, also called our Medical Manpower Strategy, does just that. It begins with measuring how to best allocate our limited resources and diversity of our talent across the enterprise.

Over a year ago, we began an enterprise-wide assessment of the size, specialty levels, and distribution of our Total Force billet requirements and personnel inventories. This yielded the development of several assessment tools. **MedMACRE** is one such tool that provides an analytical defense for sizing our force, especially for less than full mobilization scenarios and issues relating to Force Specialty Mix. Our **Demand Based Staffing Tool** is another that provides a regional and



Vice Adm. Adam M. Robinson, Jr.,  
U.S. Navy Surgeon General

**“How we educate, train, organize, and lead our people is critical to mission accomplishment.”**

command level management instrument that takes inputs from MedMACRE to help create uniform requirements. The **Fit-to-Fill Assessments** help identify who is doing the work and where the work is being done. Lastly, **Total Force Assessments** provide more transparent assessments of force mix, distribution, and Military Training Facility workload, and are used in partnership with BUMED, regions, and commands.

Our Total Force Concept is about standardizing how we allocate, recruit, retain, educate, train, and incentivize the right work force for the right mission across the enterprise in order to eliminate gaps and overlaps, increase efficiencies through resource sharing, and integrate learning strategies. Another major piece of this is our Medical Education Training

Campus (METC), now the largest consolidation of service training in defense history. Located in San Antonio, METC is a fully integrated tri-service education and training school to prepare Sailors, Soldiers, and Airmen. METC will leverage the assets of all defense health-care practitioners in order to support about 9,000 students daily.

We are also increasing our outreach across the board. BUMED recently became a stakeholder in the CHINFO-run “Outreach: America’s Navy” national community relations effort. We will be participating in nearly half of the 21 Navy Weeks across the country in 2011 and more than 80 speaking and community outreach events nationwide.

Equally important is our continued focus on developing diversity in the Navy. I credit this success to our Diversity Action Plan that aligns to the CNO’s five pronged approach of effective strategic communications, training, outreach, mentorship, and accountability. Diversity is a strategic imperative that we must embrace if we are to remain a competitive force.

It is my honor to represent you as your Surgeon General. Thank you for everything you do, and most of all, thank you for your service.

**Navy and Marine Corps Medical News**

**Navy Bureau of Medicine and Surgery**

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# Navy Flight Surgeon Receives Prestigious Award for Service

*Story by Sgt. Derek Carlson, 3rd Marine Aircraft Wing (Fwd) Public Affairs*

CAMP BASTION, Afghanistan – Navy medical personnel have been to countless battlefields over the years, side-by-side with Marines – keeping them in the fight. So when Marine aviation officially took to the skies on May 22, 1912, the development of naval flight surgeons was not far behind.

Today, Naval flight surgeons play an organic and critical role in every Marine and Naval aviation squadron. The Marine Heavy Helicopter Squadron 362 "Ugly Angels" can testify first hand to their importance as the squadron's flight surgeon, Navy Lt. Sarah Ballard, was awarded the Richard Luehrs Memorial Award as the operational flight surgeon of the year.

"Lieutenant Ballard's medical leadership and care of all the Ugly Angels has been magnificent," said Lt. Col. Thomas "Piglet" Pecina, the commanding officer



CAMP BASTION, Afghanistan - Navy Lt. Sarah Ballard stands aboard a CH-53D Sea Stallion with the Marine Heavy Helicopter Squadron 362 "Ugly Angels," 3rd Marine Aircraft Wing (Forward), at Camp Bastion, Afghanistan, Jan 17. Ballard, the squadron's flight surgeon who recently received the Richard Luehrs Memorial Award as the operational flight surgeon of the year, often volunteers to fly during combat missions as an aerial observer and on-call casualty evacuation doctor. The Richard E. Luehrs Memorial Award is presented in recognition of outstanding performance by a junior operational flight surgeon. (U.S. Marine Corps photo by Sgt. Derek Carlson/Released)

for HMH-362, 3rd Marine Aircraft Wing (Forward). "She and her corpsmen provide world-class care to squadron Marines, which has positively impacted our mission readiness."

Ballard said she is "honored to receive this award," and contributes much of her success to the dedication of

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## TAMPA

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of the spear," said Vinci. "When the tsunami struck in Indonesia, Navy doctors were the first international assistance to arrive at the scene. Health projection pays benefits in the longterm. Now, nations like Indonesia and Haiti are more likely to welcome American service members in the future."

Cmdr. Sherri Santos, Navy Nurse Corps; and Lt. Cmdr. Joseph Ayers, Navy Medical Corps from Naval Hospital Jacksonville, met with trauma surgeons from Tampa General Hospital to discuss new experiences, life-saving techniques and procedures currently used in the war in Afghanistan.

Ayers spoke about the people they treated during his recent deployment.

"We treated tons of Afghani children who had been injured by IED's (improvised explosive devices)," said Ayers. "Often times, they were the children of Taliban bomb makers who accidentally set off the explosive prema-

turely. By treating those wounded children, hopefully we sent the message, at least to some of them, that we aren't the bad guys."

According to Vinci, providing care to civilians in need, in places such as Afghanistan, is an example of smart power.

"There are two sides to Navy Medicine's mission," said Vinci. "We provide direct medical support to our warfighters anywhere we operate, whether it be on the deckplate or on the battlefield. Marines don't go into the field, and ships don't go to sea without doctors, nurses or corpsmen."

"Smart power is providing humanitarian assistance and disaster relief alongside our international partners to help bring stability and hope to those in need to the benefit of the global community," said Vinci. "Navy medicine is often a cornerstone of these important missions."

Morrison-Beedy said she was excited to meet with the staff from Navy Medicine.

"We treat a lot of veterans here, and we are making great strides in areas like

rehabilitation and PTSD (post-traumatic stress disorder)," Morrison-Beedy said. "The information we learn has tremendous value in treating future, returning veterans as well as civilians who suffer similar traumas."

Vinci spoke about the recent advances in research and treatment the Navy is developing today.

"During World War II, we learned the value of plasma and now it's a common practice," Vinci said. "Today, our surgeons are developing revolutionary vascular and transplant techniques through lessons learned on the battlefield."

Along with Navy Medicine, more than 100 Sailors involved with Tampa Bay Navy Week 2011 participated in outreach events around Tampa Bay, and finished with the Gasparilla Pirate Festival, Jan. 29.

Tampa Bay Navy Week is the first of 21 Navy weeks across the country this year. Navy Weeks are designed to show Americans the investment they make in their Navy and increase awareness in cities that do not have a significant Navy presence.



WASHINGTON - Navy Surgeon General Vice Adm. Adam M. Robinson Jr. offers remarks after receiving the Dr. Nathan Davis Award for Outstanding Government Service during the American Medical Association (AMA) annual awards dinner, Feb. 9. Robinson was selected for the AMA's top government service award in recognition of his prominent career and accomplishments in military medicine. He was presented with the award by AMA Board Chair Ardis Dee Hoven, M.D. and veteran CBS News reporter Scott Pelley. Robinson was nominated for the award by Navy Secretary Ray Maybus and Chief of Naval Operations Adm. Gary Roughead. (U.S. Navy photo by Capt. Cappy Surette/Released)

## American Medical Assn. Awards Navy Surgeon General Top Honor

By Bureau of Navy Medicine and Surgery  
Public Affairs

WASHINGTON - The American Medical Association (AMA) presented the Navy Surgeon General with the Dr. Nathan Davis Award for Outstanding Government Service during a ceremony in Washington, D.C., Feb. 9.

Vice Adm. Robinson was selected for the AMA's top government service award in recognition of his prominent career and accomplishments in military medicine.

"Through the Nathan Davis Awards, the AMA salutes government officials who go above and beyond the call of duty to improve public health," said AMA Board Chair Ardis Dee Hoven, M.D. "Award winners come from every branch of government service and are a testament to the important

role public officials play in creating and implementing health policy that benefits Americans."

The award, named for the founding father of the AMA, recognizes elected and career officials in federal, state or municipal service whose outstanding contributions have promoted the art and science of medicine and the betterment of public health.

As the Navy Surgeon General and Chief, Bureau of Medicine and Surgery, Robinson leads 63,000 Navy Medicine personnel located around the globe serving in high operational tempo environments at expeditionary medical facilities, medical treatment facilities, hospitals, clinics, hospital ships, research units, and within the TRICARE network.

Robinson acknowledged he is not alone in his service to Navy Medicine.

"This award is not entirely my own," said Robinson. "As leaders of any government organization will tell you, we are only as good as the people with whom we place our trust and confidence to carry out our mission. Similarly, I would not be here today without the trust instilled in me and the nomination from the Secretary and the Navy, the Honorable Ray Mabus; and the Chief of Naval Operations, Admiral Gary Roughead. I am everyday grateful for that trust and the opportunity to lead Navy Medicine."

The award citation noted Robinson's role in global health diplomacy and his leadership in forging military medical partnerships all over the world through engagements with Vietnam, Botswana, and most recently, Djibouti, where their

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## AWARD

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her three corpsmen, who have a firm grasp on their operational duty. She also stated that although safety mishaps have been very few in numbers, the outbreaks of flu and cold-like symptoms, as well as maintaining squadron medical records, have kept them busy throughout the deployment.

"It has been a great experience working with this squadron," said Ballard. "The commanding officer truly cares about the Marines, which makes our job much easier."

While working with HMH-362, Ballard has set an example and demonstrated exemplary aeromedical service, work ethic, leadership, team-player mentality, military bearing, professional expertise and operational commitment, which are the character traits measured

by the Richard Luehrs Memorial Award and lead to her nomination for the award by 1st MAW.

Ballard has gone above and beyond her medical obligations and lends her undivided support to the squadron.

"She is selfless in her duties as she volunteers to fly on combat missions in support of the infantry as an aerial observer and on-call [casualty evacuation] doctor," said Pecina. "I am extremely proud of all of her accomplishments."

# Naval Medical Center San Diego Heals Through Project CARE

By Mass Communication Specialist 3rd Class Amanda L. Kilpatrick, Naval Medical Center San Diego Public Affairs

SAN DIEGO - Naval Medical Center San Diego's (NMCSD) Project Comprehensive Aesthetic Restorative Effort, or CARE, is the only DoD multidisciplinary reconstructive program and has provided treatment to more than 130 traumatically wounded, ill and injured active duty service members since Aug. 2010.

CARE focuses on aesthetic rehabilitation and offers numerous services such as reconstructive surgery, mental health support and wound care.

NMCSD has been treating affected patients since 2009. CARE was formally structured in Aug. 2010.

"We've treated approximated 400 total patients if you include all of those treated since the start of the war," said Capt. Craig J. Salt, staff plastic surgeon and department head for the Division of Plastic Surgery.

Marine Scout Sniper Cpl. Povas Miknaitis is a patient of Project CARE and has received plastic surgery on his lips and ear from wounds received in Afghanistan.

"I am still receiving treatment here [at NMCSD]," said Miknaitis. "The occupational therapy is helping along with plastic surgery and laser to reduce the scarring on my face."

Active duty service members suffering from trauma related to combat, training accidents, or civilian injuries are eligible for the program through a referral from their medical provider.

"Our mission is to provide emotional support along with surgical and non-surgical care in an effort to improve the



appearance, function, and self-esteem of the injured service member," said Salt. "We believe that even the slightest improvement can dramatically increase self-esteem and quality of life."

Miknaitis said he has never before been in a hospital but through the program and the workforce at NMCSD, he is making the best of his stay and recovering from his surgeries well.

"The staff here has been great," said Miknaitis. "San Diego is a nice area to be in and the hospital is very nice."

NMCSD is the first military treatment facility to institute a Project CARE program and hopes to coordinate with other facilities to establish a national program for all service members.

"It occurred to me that if we could combine all the different specialties that provide surgical and rehabilitation services and then bring in psychiatric support, we could deliver a better product for our wounded, ill and injured service members," said Salt.

Project CARE collaborates with the Comprehensive Combat and Complex Casualty Care (C5) program at NMCSD, which focuses on prosthetics, occupational therapy, physical therapy and rehabilitation.

"My vision for the future is to have a very well structured and coordinated team that's tied to the rehabilitation program at NMCSD and throughout the Department of Defense, so that we in the military can provide comprehensive aesthetic recovery for every single combat casualty in America," said Salt.

NMCSD Project CARE also provides follow up care for patients uniquely tailored to each member's injuries and emotional state.

"I think it's a great program," said Salt. "I believe that as the programs grows and takes hold we will see the face of rehabilitation change throughout the nation to include aesthetic recovery as a primary rehabilitation goal."

## HONOR

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prime minister bestowed on him their nation's highest honor, Nov. 14, 2010.

It also highlighted his commitment to caring for more than one million eligible beneficiaries worldwide.

"Vice Adm. Robinson has dedicated himself to maintaining world-class care for Sailors, Marines and their families," said AMA Board Chair Ardis Dee Hoven, M.D. "The impact of Vice Adm. Robinson's service can be measured in the lives saved by Navy Medicine during military missions in Afghanistan and humanitarian missions in Haiti."

The awards ceremony was hosted by veteran CBS News reporter Scott Pelley. He told the audience that he viewed doctors as his personal heroes, and that he had a special respect for military medical professionals supporting

combat operations overseas.

Pelley recounted some of his experiences while embedded with the Marines in Afghanistan and said he witnessed the value they place on the Navy corpsmen assigned to them.

"I am often working with the grunts [in Afghanistan] and corpsmen have always meant a great deal to me," said Pelley.

Robinson appreciated Pelley's comments about the contributions of Navy Medical professionals who support Sailors, Marines, and their families around the world.

"The honor, courage, and commitment I witness every day around the world from our military men and women, is humbling and truly inspiring," said Robinson. "It is their spirit of service that we should also honor tonight. From them, I have learned the importance of selfless service and from medicine, I have learned a love for humanity. Those of us who are privileged enough to work in the field of medicine, should always strive to continue that selfless service to humanity."

# Operational Stress Control Program Serves as Key Resource

From Defense Media Activity

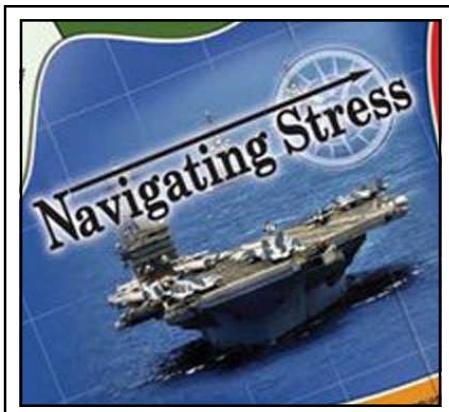
WASHINGTON - Preventing and limiting the effects of operational stress on Sailors is a top priority for the U.S. Navy, a priority being met through the Operational Stress Control (OSC) Program.

Established Nov. 2008, the program seeks to help create an environment where Sailors, commands and their families are able to thrive during stressful operations.

All military services are feeling the strain of war, decreased unit manning, extended deployments, and myriad situations brought on by the country's current economic crisis. These coupled with the normal stresses of household moves, deployments and separations, family issues and job responsibilities, magnify the stress Sailors and their families are experiencing.

"We work cooperatively with other Navy and family, and personal readiness programs to build a foundation of prevention to be able to mitigate and prevent [stress related] injuries and illnesses before they ever affect our Sailors and their lives," said Capt. Lori Laraway, OSC coordinator.

The program aims to teach Sailors that asking for help and guidance for stress issues is not a sign of weakness, but is instead a sign of strength. It accomplishes this mission by educating



Sailors, families and command leaders to take care of themselves by remaining fit and healthy, to look after one another, and to take action if they see others reacting negatively to stress.

"Leaders are our first line of defense," Laraway said. "Maybe they need a more experienced chief or a senior mentor to help them discover options, or to identify things to mitigate their stress that may not even involve seeing a mental health professional."

The program is improving awareness of stress related illness as well. A survey taken in 2010 revealed a seven percent increase of awareness among enlisted Sailors, and an 11 percent increase among officers. Sailors are also showing more drive to use positive methods to cope with stress, such as thinking of a plan to solve problems or exercising or playing sports.

There are many tools and resources available to aid Sailors in the management of operational stress. These include:

- Navy and Marine Corps Public Health Center (NEHC) Leader's Guide for Managing Personnel in Distress Web page <http://www-nmcphc.med.navy.mil/lguide/>
- Military OneSource hot line 1-800-342-9647 and Web site [www.militaryonesource.com](http://www.militaryonesource.com)
- Navy Suicide Prevention Program web-site: [www.suicide.navy.mil](http://www.suicide.navy.mil)
- Support personnel such as chaplains, medical personnel and mental health professionals can assist leaders in operational stress control functions

For more information about OSC and its related programs, visit <http://navynavstress.com>.

## Expeditionary Care

SANGIN, Afghanistan - Hospital Corpsman 3rd Class Heidi Dean, assigned to the Female Engagement Team of 3rd Battalion, 5th Marine Regiment, Regimental Combat Team 2, treats an Afghan child during a health initiative, Jan. 27. The battalion conducts counter insurgency operations in partnership with the International Security Assistance Forces (ISAF) in Afghanistan. (U.S. Marine Corps photo by Lance Cpl. Dexter S. Saulisbury/Released)



**Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or Valerie.Kremer@med.navy.mil.**

## USS George H.W. Bush Conducts Appendectomies Underway

By Mass Communication Specialist Seaman

Jessica Echerri, USS George H.W. Bush

Public Affairs

ATLANTIC OCEAN - The USS George H.W. Bush (CVN 77) Health Services department surgical team completed two emergency appendectomies aboard the ship Jan. 25 and Jan. 31.

The team performed a total of two appendectomies that took between one to four hours each and both patients were released from medical within 24 hours.

"We are here to support the battle crew," said Lt. Kennett Radford, George H.W. Bush certified registered nurse anesthetist. "We are the community hospital for the strike group."

According to Lt. Cmdr. Brian Knipp, George H.W. Bush general surgeon, part of Health Service department's mission is to provide medical assistance to enhance the mission readiness of the crew.

"During one of the surgeries, there was no flying anywhere because the weather was bad," said Knipp. "So it's a



ATLANTIC OCEAN - The aircraft carrier USS George H.W. Bush (CVN 77) is underway in the Atlantic Ocean, Jan. 29. George H.W. Bush is underway conducting a composite training unit exercise. (U.S. Navy photo by Mass Communication Specialist 3rd Class Nicholas Hall/Released)

good thing that we can perform general surgeries on board."

The ship's operating room (OR) is similar to an OR in a shore-based hospital, but the doctors have to make use of their limited resources.

"A regular hospital has a lot more diagnostic capabilities, so we have a lot more practice using basic physical exam skills," said Knipp. "For example, a CT scan is too big to fit on the ship so we

have to do without it."

Knipp said another difference between working on a ship instead of a shore-based hospital is the people he works with.

"When I worked on shore, the surgical technicians I worked with changed every surgery," said Knipp. "One wonderful thing about working here is I know who my team is going to be. We've gelled into one, cohesive unit."

Hospital Corpsman 2nd Class (SW/AW) Marc Maribao and Hospital Corpsman 3rd Class (SW) David Cumpian are the ship's surgical technicians. They assist the surgical team by prepping the OR, accounting for supplies used during surgery, and caring for patients after surgery.

"So far, every surgery is a success," said Knipp. "I have my great team to thank for that."

George H.W. Bush is underway in the Atlantic Ocean conducting Composite Training Unit Exercise (COMPTUEX) in preparation for a combat deployment this spring.

## Bremerton Energy Reduction Measures Are a Shining Example

By Douglas H. Stutz, Naval Hospital Bremerton

Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton became the first military treatment facility to receive the Energy Efficiency Commitment (E2C) award from American Society of Healthcare Engineers (ASHE), in recognition of achieving a 15 percent reduction in energy usage.

NHB's Facilities Management Department actively took the lead in establishing command-wide energy reduction measures which lead to this award.

"We have been tracking and attempting to decrease energy consumption for many years," said Mr. Russell Kent, NHB Facilities Manager. "This award is very gratifying since it provides independent recognition of various efforts, which often are unrecognized."

The E2C award program was devel-

oped by ASHE, member group of American Hospital Association, in conjunction with the U.S. Environmental Protection Agency ENERGY STAR Program. The program is intended to generate public awareness of the environmental and financial benefits that could be gained at health care facilities such as NHB by reducing energy intensity by at least 10 percent.

According to Kent, the energy reduction represents a cost savings to the command.

"Since our annual energy bill is approximately \$1.5 million per year, a 15 percent savings equates to an annual savings of \$225,000. And this is a recurring savings, not just a one-time savings," he said.

The Energy Reduction initiatives not only bring a reduction in associated costs, but these efforts also have made NHB more environmentally sound and

resulted in the reduction of greenhouse gas emissions.

"As a result of our energy savings, overall green house gas emissions (GHG) are calculated to have decreased by 1,560 metric tons per year," said Kent.

Some of the energy conservation measure projects that have been undertaken over the past several years included HVAC chiller replacement; conversion of pneumatic to digital controls elevator renovations; replacement of boilers in several buildings with heat pumps, replacement of domestic water heat exchangers and replacement of medical air and vacuum compressors. There have also been lighting retrofits, including motion sensors and on-going command-wide energy awareness campaigns on turning off lights, and maintaining air-conditioning boundaries.

## Navy Medical Personnel Train for Final EMF Kuwait Detachment

By Larry Coffey, Navy Medicine Support Command Public Affairs

CAMP PENDLETON, Calif. - More than 150 medical and support personnel en route to Expeditionary Medical Facility (EMF) Kuwait, started pre-deployment training, Jan. 31, at Naval Expeditionary Medical Training Institute (NEMTI) aboard Camp Pendleton, Calif., before deploying as the final Navy EMF Kuwait detachment.

Cmdr. Ethan Josiah, NEMTI deputy officer in charge (OIC), said this will most likely be the last Navy detachment to occupy EMF Kuwait, because it is being turned over to the Army later this year. Navy Medicine's "Lima detachment" will graduate Feb. 18.

"Our mission is to organize, equip, and train personnel to provide medical support to the expeditionary medical facility in Kuwait and other remote and austere combat environments in support of Overseas Contingency Operations," said Josiah.

NEMTI training combines classroom lectures with hands-on practical and scenario-based training.

"Training is comprised of courses such as Land Navigation, Combat and Operational Stress, Rules of Engagement, Basic Radio Communications, Language Familiarization and Cultural Awareness, Tactical Combat Casualty Care (TCCC), and 9 mm live-fire qualifications," said Josiah. "We provide a learning environment where personnel train, eat and are housed together; and where unit cohesion and team building can begin."

Hospital Corpsman 2nd Class (FMF) John Bringuel, a NEMTI instructor who has deployed to both Iraq and Afghanistan, said team building and versatility are valuable assets.

"We train Sailors to accomplish missions across the globe, whether it is in a tactical environment or on a routine humanitarian operation," said Bringuel.

Capt. Thomas Sawyer, NEMTI OIC, said the key to learning and team building is student leadership.

"The LIMA detachment is extremely motivated and has come together quickly as a team of providers and skilled



CAMP PENDLETON, Calif. - LIMA detachment personnel augment Camp Pendleton Marines during Convoy Operations training exercises. More than 150 medical and support personnel en route to EMF Kuwait began receiving pre-deployment training at Naval Expeditionary Medical Training Institute (NEMTI) aboard Camp Pendleton, Calif., before deploying as the final Navy EMF Kuwait detachment. (Photo by Interior Communications 1st Class Chad Henry/Released)

technicians," Sawyer said. "I'm impressed with this group of professionals as they have responded positively to our program. I am confident they will continue Navy Medicine's Role Three mission."

NEMTI living conditions are exposing students to a common deployment scenario – the field environment. Students are using sleeping bags in open bay "huts" without heating or air conditioning. Restrooms and showers are group facilities, as is the dining facility.

"I believe the living conditions at NEMTI are preparing us for conditions we may be exposed to in other countries," said HN Earlyn Beall, dental technician. "Having grown up in the Philippines for a few years, these conditions are nothing new, except for the cold at night. The training we are being given here is definitely allowing us to learn and better practice the skills we need for deployment."

"Much of the training is based on contingencies and prepares you for those situations you hope never happen," said Capt. Ed Connolly, Student Assistant OIC and Naval Hospital Beaufort, S.C., dental officer.



CAMP PENDLETON, Calif. - Communications-Electronics 2nd Class Raymundo Sanchez guides LIMA Detachment personnel through weapons handling scenarios in the Indoor Simulated Marksmanship Trainer (ISMT). More than 150 medical and support personnel en route to EMF Kuwait started pre-deployment training at Naval Expeditionary Medical Training Institute (NEMTI) aboard Camp Pendleton, Calif., before deploying as the final Navy EMF Kuwait detachment. (Photo by Master Chief Donald Whigan/Released)

## Note from Kandahar - Medicine is a Common Language

By Cmdr. Eric Elster, Director of Surgical Services, Role 3 Multi-national Medical Unit

My job as the Director of Surgical Services (DSS) is to help manage this large combat surgical effort, but in fact, I am just one member of a highly capable multi-national medical team from the United States, Canada, and the Netherlands. Every day of this deployment serves as a constant reminder as to why I became a Navy surgeon. The experience of being a part of the care that we are able to deliver here is truly rewarding. One can see for themselves just how far advanced combat care and research have come.

Casualties arrive here daily at our Navy Role 3 Multi-national Medical Unit Hospital in Kandahar, Afghanistan. Most of our patients will be in need of surgery within the first 24 hours of arrival. Many are in critical condition, and we work quickly to stabilize the patient. Some we simply cannot save despite our very best efforts and we certainly do everything we can to try to prevent that. Upon the arrival of casualties at the hospital, our teams immediately assess the wounded and take immediate action with state-of-the-art equipment at our disposal.

Recently we have had patients starting to arrive with higher penetrating blast wounds than had previously been seen in-theater. This has resulted in a noticeably higher rate of double and triple amputations, which is a subject worthy of research focus.

This mission is about life-saving efforts from the very start. Surgical procedures getting accomplished in a timely fashion can mean the difference between life and death and the quality of life for those who survive.

This hospital is immersed in constant patient care of all kinds and the operating room (OR) is always busy logging some 200 cases a month. To get a perspective on the volume and severity of injuries, we average 1,000 units of blood products per month with 115 massive transfusions last year, as many as the largest U.S. trauma centers. The cases we see require extraordinary care and specialty focus.

With the multinational staffing, medicine is the common language we speak here. This includes a wide array of specialties such as trauma surgery, neurosurgery, oral and maxillofacial surgery, ophthalmology, orthopedics, and anesthesia, amongst others. The insight and knowledge that we continue to gain here will have a lasting effect from the



KANDAHAR, Afghanistan—Cmdr. Eric Elster is serving a seven-month individual augmentee tour in Kandahar, Afghanistan where he is serving as the director of surgical services, Role 3 Multi-national Medical Unit. He is the deputy department head for regenerative medicine, Naval Medical Research Center, Silver Spring, Md. (Courtesy photo)

quality of care administered to the results of the numerous ongoing clinical trials for future warrior care.

Cmdr. Elster is serving a seven-month individual augmentee tour in Kandahar, Afghanistan. He is the deputy department head for regenerative medicine, Naval Medical Research Center, Silver Spring, Md.

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